



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**CERTIFICATION OF WEB-BASED TIME ENTRY**

I recognize that by entering my time on the web-based electronic timesheet, I am certifying that the hours and amounts claimed are true and correct, and that this is a valid pay claim to the State in accordance with statutes, administrative rules and procedures.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID# \_\_\_\_\_

Signature: \_\_\_\_\_

**As the Employee's Supervisor:**

I recognize that by approving all time entered on the web-based electronic timesheet, I am certifying to the best of my knowledge that this is the employee's hours worked and leave taken in accordance with statutes, administrative rules and procedures. This includes all overtime and comp hours earned.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\*Please submit written leave request to supervisor.

\*A copy of military orders must accompany the leave request for military leave.

***Employees are responsible for returning this completed form to the employee's supervisor within two days of the start date.***

***Supervisors are responsible for routing this form to the DOC Payroll Bureau.***